



MINISTRY OF HEALTH
& MEDICAL SERVICES



2020-2021 ANNUAL REPORT

MINISTRY OF HEALTH AND MEDICAL SERVICES

Annual Report 2020-2021

The Minister for Health and Medical Services

Ministry of Health and Medical Services

Suva

Dear Sir,

I am pleased to submit the Annual Report for the financial year 1st August 2020 to 31st July 2021 in accordance with the Government's regulatory requirements.



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Dr. James Fong
Permanent Secretary

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Permanent Secretary's Statement



This fiscal year, marked the first year of implementation of our new Strategic Plan 2020-2025. We developed three key strategic priority areas that encompassed our core objectives of integrated service delivery, strengthening patient services and continuum of care and further strengthening of our health system. A major part of Ministry's focus this years has been on COVID 19 response and sustaining service delivery throughout the different waves of the pandemic. The governance structures set up and strengthened during the pandemic enabled effective communication and operationalization of key strategies.

The lessons learnt during this period enabled us to integrate key initiatives into our normative functions and also work on strengthening key health systems components. A Remodeling Health Services Framework was developed as part of the broader approach towards strengthening normative service delivery across hospitals and divisions. It focuses on strengthening health systems capacity to provide quality care and support consistent service delivery.

There were several opportunities identified to further strengthen clinical services both within health facilities and beyond. More than 80% of specialist curative care scheduled visits were conducted at targeted health centers and sub-divisional hospitals. Surgical outreach was conducted for Eastern, Northern and Western division using the MV Veivueti. Several issue such as managing bed blocks as well as referral of patients were looked at and addressed. The role of Fiji Medical Assistance Team (FEMAT) was also expanded, based on needs at operational level and FEMAT provided support to sustain service delivery in key areas. The key aim has been on sustaining the delivery of services across all the divisions.

There were also service delivery initiatives implemented that could be further strengthened to expand service delivery at community level. There were also networks established with other partners such as CSO's and FBO's to extend reach into communities. Preventative programmes targeting risk factors were implemented in the communities by establishing 21 healthy settings in the communities, schools and workplaces. Community Health Worker (CHW) refresher training was conducted in the sub divisions and CHW's were actively engaged in the communities.

Health system support has been critical in responding to the pandemic and is vital for future sustainability of health service delivery. Human resources has been a critical component and there have been many challenges in this area. Staffing needs were realigned to service demand during the COVID 19 pandemic. The achievement of targeted activities, including the extensive efforts towards managing our response to COVID 19 Pandemic and beyond, has been possible through the insurmountable effort of our staff that have been effectively supported by stakeholders, development partners and other sectors. I wish to acknowledge their ongoing support and look forward to further strengthening our partnership initiatives.



.....
Dr. James Fong
Permanent Secretary

Acronyms

CCHEDRMC	Climate Change, Health Emergency & Disaster Risk Management Coordinator
CD	Communicable Disease
CSN	Clinical Service Network
EH	Environment Health
ESU	Executive Support Unit
FH	Family Health
FPBS	Fiji Pharmaceutical & Biomedical Services
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IMCI	Integrated Management of Child illness
MH	Mental Health
MHMS	Ministry of Health and Medical Services
NCD	Non Communicable Disease
OH	Oral Health
RHD	Rheumatic Heart Diseases
SDG	Sustainable Development Goal
UHC	Universal Health Coverage

1. Corporate Profile

Vision

A Healthy Population

Mission

Empowering Fijians to achieve optimal health and well-being through the delivery of cost-effective, quality and inclusive health services

VALUES

1. Accountability
2. Excellence
3. Inclusiveness
4. Integrity
5. Professionalism
6. Trust
7. Innovation



1.1 Roles and Functions of the Ministry

The Ministry's role emanates from its core responsibility of delivering quality preventive, curative and rehabilitative health services to the population through its hospitals, health centers and nursing stations throughout the country in a consistent and equitable manner. There is a focus on maintaining continuum of care from community-level primary health care services up to tertiary level care at Divisional Hospitals. This is supported by a broad range of relevant policies, standards, and protocols to ensure safe, high quality services are delivered at all levels of the health system, from nursing stations, health centers, sub-divisional hospitals to divisional hospitals.

Strengthening primary health care

Primary health care is mostly delivered at nursing stations and health centers. The Ministry is focusing on improving the access, coverage and quality of primary health care through an integrated health systems approach.

Supporting secondary level care

The sub-divisional hospitals deliver secondary level care. The Ministry is focusing on strengthening sub-divisional hospital capacity and the clinical capability of sub-divisional hospital staff to enable greater devolution of clinical workloads from divisional hospitals.

Improving and expanding tertiary level care

The three divisional hospitals in Suva, Lautoka and Labasa provide a range of tertiary healthcare with ongoing efforts to expand specialized clinical services.

The Ministry's functions can be realigned under the following broad categories based on the type of services delivered through its various facilities.

1. Curative and Rehabilitative Health

Curative care is delivered through the various facilities of the Ministry at different health care delivery levels. The National Rehabilitation Department at Tamavua Twomey Hospital also provides rehabilitation services to severely disabled persons namely spinal paralysis, stroke victims, prosthetic fitting for amputees and other cases of debility.

The Clinical Services Networks (CSN's) provide clinical advice for the various clinical disciplines for strengthening the delivery of clinical services.

2. Preventive and Promotive Health

The Ministry has taken a wellness approach to health by taking initiatives to ensure that healthy people remain healthy by making appropriate lifestyle choices. There is a shift in focus from a disease or illness based approach to a wellness-centered approach.

There is a focus on adopting a life-course approach to maternal, infant, child and adolescent health, with a continuum of health care delivery, extending from sexual and reproductive health services through pregnancy, delivery, childhood and adolescence.

There are also ongoing efforts to reduce the overall health burden of communicable diseases by providing effective programs and services for prevention and control of communicable diseases.

- **Wellness**

The wellness approach to health has been identified as an important strategy for a whole of society approach to reduce NCD risk factors. The Wellness Division focuses on enhancing the usage of quality, accessible and valuable information for supporting wellness behavioral choices at all levels. There is an overall shift from being disease focused to addressing the social determinants of health through a multisectoral approach.

- **Health Protection**

The Health Protection Division is a culmination of ongoing efforts to integrate the overall communicable disease program by strengthening and integrating key functions. This will improve overall coordination for the prevention and risk management of communicable diseases.

- **Family Health**

The Family Health Department's key aims are to manage, implement, monitor and evaluate programs pertaining to Child Health, Maternal Health, HIV/STI's, Reproductive Health and Gender. There is an overall focus on reducing the burden of ill health among women, children and adolescents.

3. Health Systems Strengthening

Health systems' strengthening is essential to achieving effectiveness, efficiency, equitable access, accountability, and sustainability of health services. The focus is on strengthening health system standards across the key health systems building blocks which are leadership/governance, health care financing, health workforce, medical products, technologies, health information and research.

- **Human Resource**

The Human Resource (HR) Department oversees the effective management of all HR related activities, programs and issues and provides advice on recruitment, posting, leave administration, learning & development, strategic workforce planning process and industrial relations matters.

- **Finance and Asset Management**

Finance and Asset Management Division is responsible for the implementation of service-wide policies and procedures in relation to finance, budget, accounts and asset management. The Division is responsible for preparation of budget submission for the Ministry in consultation with the respective cost centres and monitoring the utilization of the annual budget including, compliance to Financial Management Act, Finance Instruction, the Finance manual and the General Orders.

This Division also looks after capital construction projects for the Ministry in consultation with different stakeholders and is responsible for overseeing the repair and maintenance of health facilities around the country.

- **Pharmaceutical and Biomedical Services**

Fiji Pharmaceutical and Biomedical Services (FPBS) core service is the supply chain management of medical supplies and health commodities. FPBS focuses on improving access to essential medicinal products of assured quality, safety, efficacy and cost-effectiveness.

The Essential Medicines Authority at FPBS is responsible for the development of product standardization and promoting rational use of medicine, whilst the Medicines Regulatory Authority is responsible for the strengthening of quality assurance processes for products imported in the country including the random testing of medicinal products.

- **Planning and Policy Development**

Planning and Policy Development Division (PPDD) is responsible for policy development, analysis and coordination of policy related activities as well as evidence-based health planning including the development of medium to long term strategies and annual operational plans.

PPDD's role also includes facilitating health services planning. PPDD has a healthcare financing section that develops National Health Accounts and assists with analysis of services and programs.

- **Research, Innovation, Data Analysis and Management**

The Research, Innovation, Digital Health, Data Analysis and Management Unit has been newly set-up to support and strengthen research and innovation in the Ministry. This is an initiation of ongoing efforts to ensure that good quality evidence is used to guide decisions about health sector strategy, functioning and oversight. The division has also taken over the role of Digital Health.

The Division is therefore, responsible for the development of information and communication technology for digital health and analyses including the ICT services for eHealth for the Ministry including procurement, expansion of network connectivity, server administration, management of databases (health applications) and website. The Division also conducts awareness and training for all health applications.

The Division will generate evidence and identify key areas for policy making in the Ministry and ensure that research is recognized as a key function to guide policy and decision making.

- **Nursing and Midwifery Division**

The Nursing and Midwifery Division is responsible for the planning, coordination and evaluation of the delivery of nursing services including the development, coordination and monitoring of nursing standards, policies, guidelines and protocols designed to direct and inform patient care, community health services, specialist nursing care and nursing management. The Division also supports the Fiji Nursing Council for the professional registration of Nurses and manages the Community Health Workers programme.

- **Executive Support Unit**

The Executive Support Unit is responsible for high-level executive support and administrative services for the Ministry's Executive. The Unit maintains awareness, identifies and investigates emerging corporate issues which may require the direct intervention of the Executive and ensures they are properly briefed and advised. It manages the Ministry's engagement with cabinet, parliament and the media. The Unit is now also responsible for managing development partner coordination and related issues.

- **Clinical Support Services**

There are a number of clinical support functions that are based at Ministry's headquarters that provide specific support to Hospitals and Divisions. The key functions under this area are outlined below and will be coordinated by the Head of Clinical Support Services who will report to the Chief Medical Advisor:

- Patient Safety and Quality
- Visiting Medical Teams
- Overseas Referrals
- Blood and Ambulance Services

Frameworks

Legislative Framework

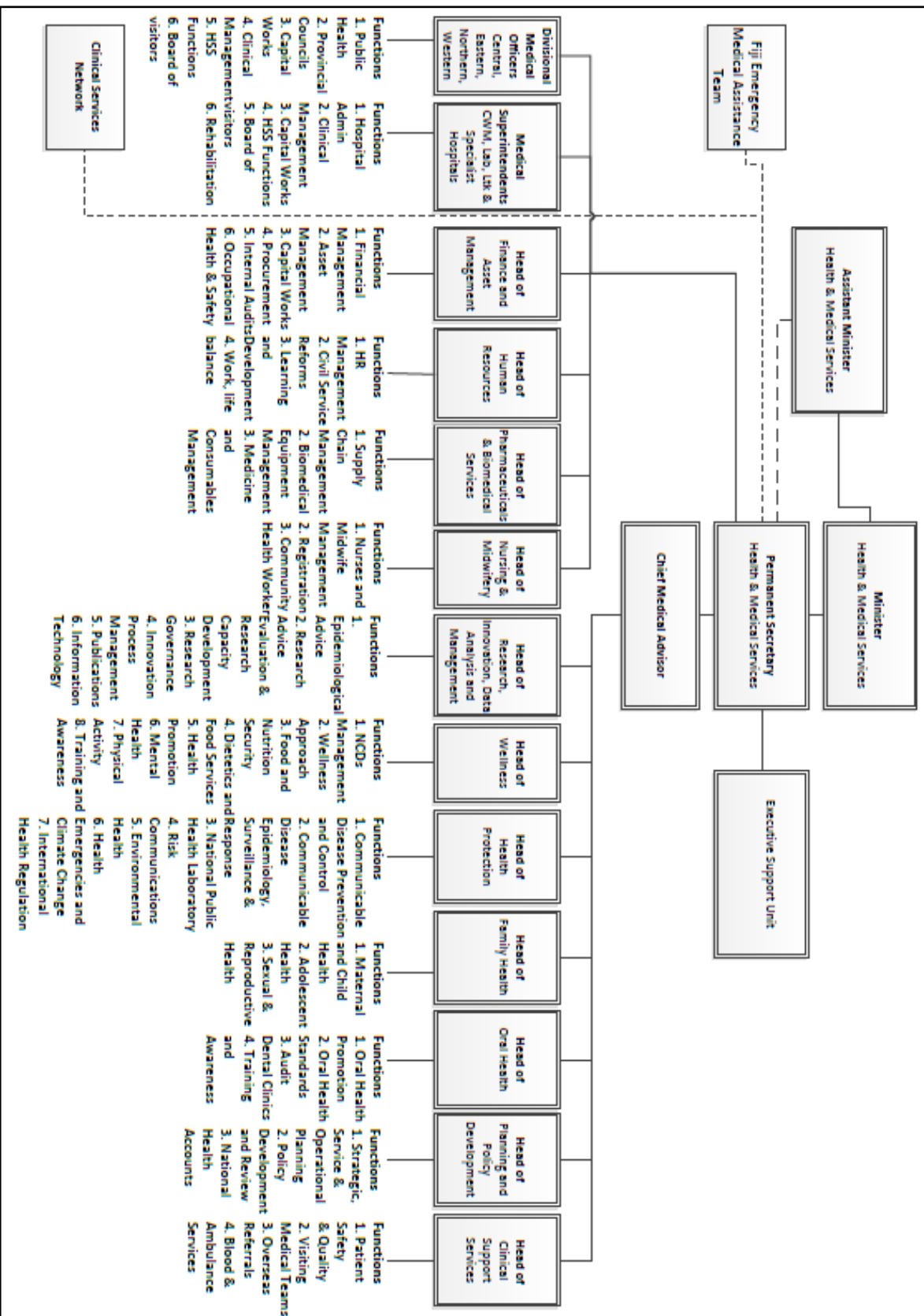
The Ministry of Health and Medical Services is guided in its daily operations by the following legislations and regulations:

No	Description
1	Constitution of the Republic of Fiji 2013
2	Fiji National Provident Fund Decree 2011
3	Fiji Procurement Act 2010
4	Financial Administration Decree 2009
5	Financial Instructions 2005
6	Financial Management Act 2004
7	Financial Manual 2019
8	Occupational Health and Safety at Work Act 1996
9	Ambulance Services Decree 2010
10	Allied Health Practitioners Decree 2011
11	Child Welfare Decree 2010
12	Child Welfare (Amendment) Decree 2013
13	Food Safety Act 2003
14	HIV/AIDS Decree 2011
15	HIV/AIDS (Amendment) Decree 2011
16	Illicit Drugs Control Act 2004
17	Marketing Controls (Food for Infants and Children) Regulation 2010
18	Medical Imaging Technologist Decree 2009
19	Medical and Dental Practitioner Decree 2010
20	Medical and Dental Practitioners (Amendment) Decree 2014
21	Medical and Dental Practitioners (Amendment) Act 2017
22	Medical and Dental Practitioner (Amendment) Act 2018
23	Medical Assistants Act (Cap.113)
24	Medicinal Products Decree 2011
25	Medicinal Products (Amendment) Act 2018
26	Mental Health Decree 2010
27	Mental Treatment Act (Cap 113)

29	Nurses Decree 2011
30	Nursing (Amendment) Act 2018
31	Pharmacy Profession Decree 2011
32	Pharmacy Profession (Amendment) Act 2017
33	Private Hospitals Act (Cap. 256A)
34	Public Health Act (Cap. 111)
35	Public Health (Amendment) Act 2018
36	Public Hospitals & Dispensaries Act (Cap 110)
37	Public Hospitals & Dispensaries (Amendment) Regulations 2012
38	Public Hospitals and Dispensaries (Amendment) Act 2018
39	Optometrist and Dispensing Optician Decree 2012
40	Quarantine Act (Cap. 112)
41	Quarantine (Amendment) Decree 2010
42	Radiation Health Decree 2009
43	Tobacco Control Decree 2010
44	Tobacco Control Regulation 2012
45	The Food Safety Regulation 2009
46	The Food Establishment Grading Regulation 2011

Ministry of Health & Medical Services

Functional Units



2. Report on Performance

2.1 Report on SDG Performance

Sustainable Development	NDP Targeted Outcome [Goal/ Policy Objective]	NDP/SDG Performance Indicators	2020 Progress
Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	Expand investment in approaches to address non-communicable diseases, including nutrition, mental health and injuries, within and beyond the health sector	Prevalence of overweight/obesity in primary school children	3.8%
		Premature mortality less than 70 years due to NCDs	65.2% - NCD Deaths 30-70 yrs
		Mortality rate attributed to CD, Cancer, Diabetes, chronic respiratory 30-70 yrs.	55.8%
End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	Improve case detection and coordinated response to reduce communicable disease morbidity and Mortality	Incidence of Leptospirosis per 100,000 population	183.41 per 100,000 population
		Incidence of Typhoid per 100,000 population	32.89 per 100,000 population
		Incidence of Dengue fever per 100,000 population	593.07 per 100,000 population
		Incidence of HIV infection (# of new cases)	147
		Incidence of tuberculosis per 100,000 population	47 per 100,000 population
End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low	All pregnant women, including teenagers, mothers and newborns receive timely, safe, appropriate and effective health services before, during, and after childbirth	Reduce Neonatal Mortality	16.2 per 1,000 live births
		Perinatal mortality rate per 1,000 total births	24.7 per 1,000 live births
		% of live births with low birth weight	6%
		Infant mortality rate per 1,000 live births	20.3 per 1,000 live births

as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births	Provide access to quality preventive and curative paediatric and nutritional services	Under 5 mortality rate per 1,000 live births	25.7 per 1,000 live births
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Reform Supply Chain Management and ensure high quality medicinal products are rationally used and readily accessible to all residents	Average availability of selected essential medicines in health facilities	82.8%
Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	Recruit, train and retain a qualified, motivated health workforce that is caring, customer-focused, and responsive to population health needs	Ratio of skilled healthcare workers (doctors, nurses, Midwives) per 10,000 population	Nurses- 35.7 per 10,000 population Doctors- 10.4 per 10,000 population
	Improve health financing, equity and efficiency	Current health expenditure per capita, current FJD	FJD 540.6 (Aug 2017-July 2018)
		General government expenditure on health as a proportion of general government expenditure	7.8% (Aug 2017-July 2018)
		Ratio of household out-of-pocket payments for health to current health expenditure	19.4% (Aug 2017-July 2018)

2.2 Strategic Priority Performance

The strategic direction for the Ministry is outlined in the Ministry's Strategic Plan 2020-2025. The strategic priorities are inextricably linked along the continuum of care. The strategies are based on supporting individuals, communities and islands across Fiji that are more vulnerable than others. The ultimate goal is to progress towards Universal Health Coverage (UHC) and a systems-level approach to health is a key driver to improving health care and providing UHC.

The plan has three strategic priorities and 14 outcomes which are:



Strategic Priority 1: Reform public health services to provide a population-based approach for disease and the climate change

Outcome 1.1: Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable population

Preventative programmes targeting risk factors were implemented in the communities by establishing 21 healthy settings in the communities, schools and workplaces. The school health assessments were affected due to schools being closed in Quarter 3 and 4 due to COVID 19 restrictions. Population screening was conducted in the communities for diabetes and hypertension and counseling provided on risk factors. Larval survey and clean up campaigns were conducted for identified hotspots in the communities to reduce the incidence of typhoid, leptospirosis and dengue fever cases.

Community Health Worker refresher training was conducted in the sub divisions and 99% of the CHW were actively engaged in the communities.

Contact tracing was conducted for all new TB cases detected. The TB incidence rate was 40 per 100,000 population.

Early Warning and Alert Response System (EWARS) reporting was received from the 76 sites while 115 sites reported through National Notifiable Diseases Surveillance System (NNDSS).

COVID 19 investigations and contact tracing exercise was conducted in the communities during the initial stages of the 2nd wave to reduce community transmission. COVID-19 update was uploaded in the MHMS website every Monday, Wednesday and Friday. The escalation in community transmission cases resulted in surge in sample collection and GeneXpert COVID testing was outsourced to health facilities in the divisions.

Outcome 1.2: Improve the physical and mental wellbeing of all citizens with particular emphasis on women, children and young people through prevention measures

Early antenatal care booking access was available at nursing stations and health center level. More than 35% pregnant women received antenatal care in their first trimester and high risk maternal cases were referred from the sub divisional hospital to the divisional hospitals. 70% of women attended postnatal clinic after 1 week of delivery.

Infant and young child feeding (IYCF) package was reprinted and repositioned. Cervical cancer screening was conducted at health facilities and in communities.

Outcome 1.3: Safeguard against environmental threats and public health emergencies

Rural sanitary district communities' drinking water was assessed and about 26 drinking water safety plans were developed for these communities. Water, Sanitation and Hygiene (WASH) intervention were also carried out in the rural communities, schools and health care facilities. Drinking water standards were tested for water quality where more than 400 samples were tested.

Good hygiene practice training and food establishment grading was conducted for new food establishments. A total of 14 tobacco free setting were declared in the communities.

Strategic Priority 2: Increase access to quality, safe and patient-focused clinical services

Outcome 2.1: Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups

Mother Safe Hospital Initiative (MSHI) audits were conducted internally by the health facilities. FEMAT hospital was set up in Balevuto with O&G teams from Lautoka hospital to cater for maternal mothers in the Western Division. The Fiji Emergency Medical Assistance Team performed Caesarean section operation on MV Veivueti during the lockdown of Lautoka hospital.

Outcome 2.2: Strengthen and decentralise effective clinical services, including rehabilitation, to meet the needs of the population

More than 80% of specialist curative care scheduled visits were conducted at targeted health centres and sub divisional hospitals. Clinical surgical outreach was conducted for Eastern, Northern and Western division using the MV Veivueti.

Rehabilitation outreach was conducted in the Central and Western division however due to COVID 19 other scheduled outreach could not be completed.

Outcome 2.3: Continuously improve patient safety, and the quality and value of services

Intensive care unit hand hygiene rate was 90% for Pediatrics and Adults.

Quality improvement initiatives were implemented at all health facilities and 7 pilot sites implemented 5S KAIZEN practices.

Strategic Priority 3: Drive efficient and effective management of the health system

Outcome 3.1: Cultivate a competent and capable workforce where the contribution of every staff member is recognised and valued

Staffing needs were realigned to demand in health service delivery during the COVID 19 (2nd wave). Mid-term transition APA was conducted for all staff in the Ministry. Identified staffs attended awareness sessions on OMRS, Investigation Officers Training, Effective Performance Management, IWP Training, Effective Job Application Training and Transition Arrangement (Performance Management Framework) conducted by Ministry of Civil Service.

100% of the facilities were registered for compliance with Occupational Health & Safety requirements for certification.

Outcome 3.2: Improve the efficiency of supply chain management and procurement systems, and maintenance of equipment

Supervisory visits and stock take were conducted in all subdivisions and 82.8% of tracer products were available in targeted health facilities. The target was met for analytical testing of medicinal samples for quality control where 18 samples were sent for testing. Annual inspection of 84% of private pharmacies and 79% of pharmaceutical wholesaler's license holders were conducted.

Replacement plan was developed for biomedical equipment and replacement equipment were purchased based on the plan.

Outcome 3.3: Implement more efficient financial processes whilst reducing the financial hardship of the most vulnerable

Budget execution data was collated from all cost centres and financial performance for the Ministry was analyzed. Monthly expenditure reports were generated and submitted to senior management.

Outcome 3.4: Ensure infrastructure is maintained to match service needs

Annual Health Facility Maintenance Plan was developed and implemented. Board of Survey (BOS) was conducted at health facilities and boarded items were removed.

Outcome 3.5: Harness digital technologies to facilitate better health care for our patients

Network connectivity and structured cabling was completed for the new Keyasi Sub Divisional Hospital and network connections were restored for Samabula HC, Nausori HC and Korovou Hospital after it was damaged by cyclone Yasa.

Consolidated Monthly Return Information System (CRMIS) training of trainers training was conducted online. Supervisory visits and data verification was completed for 37 health facilities (18 nursing stations & 19 health centres) in the Central Division and Naitasiri sub division.

Outcome 3.6: Continue to strengthen planning and governance throughout the MHMS

The Ministry's Annual Operational Plan 2021-2022 was developed to be implemented from August 2022. There were 9 policies drafted for identified areas and existing policies were also reviewed of which 2 were endorsed and implemented.

Monitoring, Evaluation and Learning situation analysis was conducted and MEL plan was developed for the Ministry.

The social and economic impact of the global COVID-19 pandemic prompted the need to remodel the mode of delivery of health services to our communities. The Remodeling plan was developed to provide directions on how health services will be provided by the Ministry.

Divisional Command Centres were established in all divisions and these command centres included representatives from the divisional hospitals. The Command Centres coordinate public health and clinical services in the Division under normal circumstances and will switch to Emergency Operations Centre mode in the case of an event such as Pandemic, Outbreaks, and Disasters etc.

Outcome 3.7: Widen our collaboration with partners for a more efficient, quality, innovative and productive health system

Civil Society Organizations (CSOs) were engaged for priority health service delivery through expression of interest. Funds were allocated to these CSOs for health service delivery.

3. Management and Resources

3.1 Divisional Report

The Ministry of Health and Medical Services delivers health services throughout the four Divisions, Central, Eastern, Western and Northern. The health services range from general and special outpatient services, maternal & child health care, oral health services, pharmacy services, laboratory services, radiology services, physiotherapy services, environmental health services, nutritional, outreach, school health and special clinical services.

Figure 1: Four Divisions within Fiji

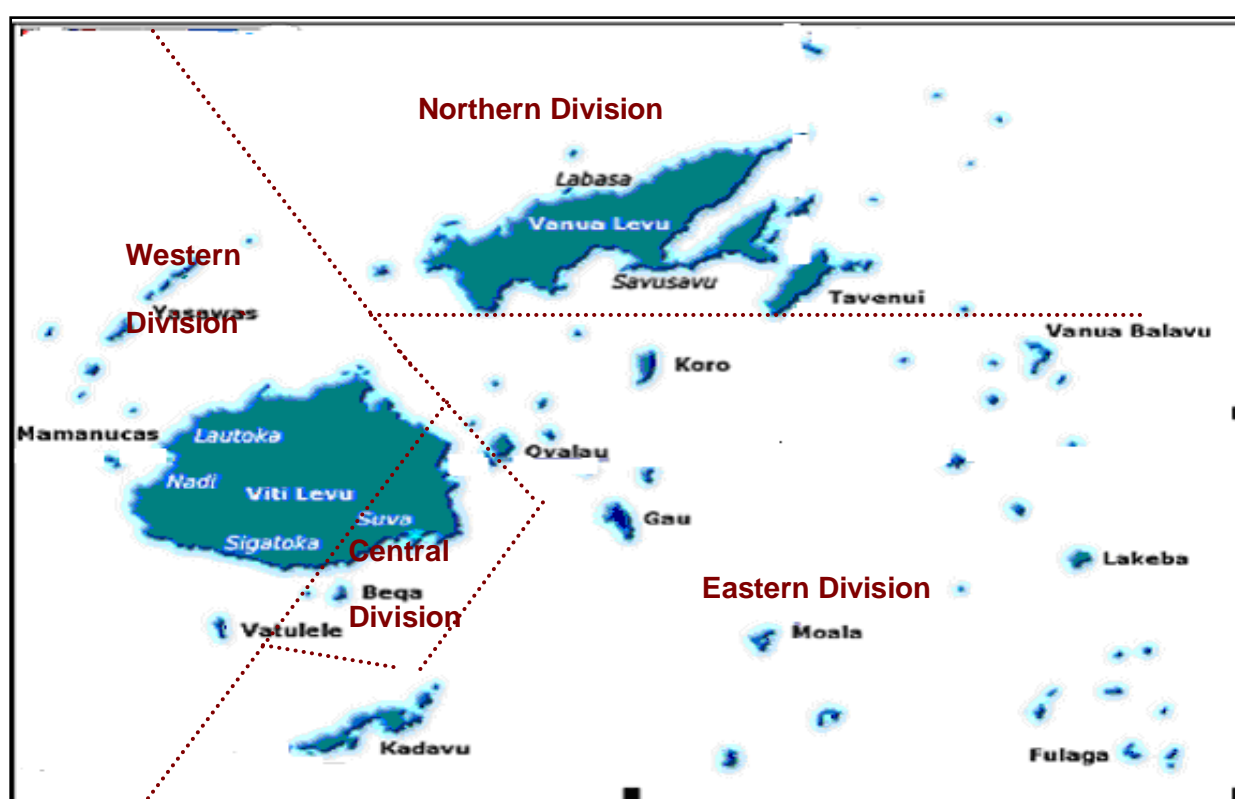


Table 1: Government Health Facilities

Health Facility	Central	Eastern	Western	Northern	Total
Specialized Hospitals/ National Referral	2	0	0	0	2
Divisional Hospital	1	0	1	1	3
Sub divisional Hospital [level 1]	0	0	3	1	4
Sub divisional Hospital [level 2]	5	5	3	2	15
Health Centre [level A]	7	0	4	1	12
Health Centre [level B]	5	1	4	3	13
Health Centre [level C]	12	13	20	16	61
Nursing Stations	21	31	24	21	97
Total	53	50	59	45	207

Table 2: Population by Division

Division	2020
Central	416,223
Eastern	7,739
Western	373,822
Northern	145,172
Total	942,956

3.1.1 Central Division

The Central division is the largest by population size and caters for about 53 health facilities.

The Central division is divided into 5 subdivisions Suva, Rewa, Naitasiri, Serua/ Namosi and Tailevu. Health services in the Central Division are delivered from 1 divisional hospital, 5 sub divisional hospitals (level 2), 24 health centres (7 level A, 5 level B, 12 level C), and 21 nursing stations.

The population profile below is collated from the demographic counts that are received from the respective nursing zones, nursing stations and health centres.

Table 3: Demography of Central Division

Subdivision	2020
Suva	118,276
Rewa	70,760
Naitasiri	25,461
Serua/Namosi	37,217
Tailevu	25,345
Nasinu	139,164
Total	416,223

Achievements

The Dental Health Team visited 84 primary schools and treated students to make them dentally fit. Dental services were also provided in the communities during community outreach.

Leptospirosis, Typhoid and Dengue fever awareness program was conducted with 100% coverage for all hotspot and high risk areas.

Baby Friendly Hospital Initiative (BFHI) training was completed for Rewa Sub Division where maternity staff, public health nurses and dieticians participated in the training. Infant and Young Child feeding (IYCF) awareness sessions were conducted for newborn mothers. Acute Rheumatic fever and Rheumatic Heart disease training was conducted for Suva and Rewa Sub Division and CWMH.

Tobacco Free Settings were established were established in each sub-division, as part of the broader public health approach.

Infection control audits were conducted for all health facilities within the Central division in accordance to the COVID 19 safety control protocols. This was part of other facility based initiatives strengthened during COVID 19.

The Divisional Command Centre was established as per Remodeling Plan.

The Division was heavily involved with the COVID19 response for the Central Division from April to July 2021. This required reorientation of service delivery to meet changes in service demands.

3.1.2 Eastern Division

The Eastern division is divided into 5 subdivisions i.e. Lomaiviti, Kadavu, Lomaloma, Lakeba and Rotuma. Health services in the Eastern Division are delivered from 5 sub divisional hospitals (level 2), 14 health centres (1 level B, 13 level C), and 31 nursing stations.

Table 4: Demography of Eastern Division

Subdivision	2020
Lomaiviti	3,264
Kadavu	2,318
Lomaloma	539
Lakeba	1,244
Rotuma	374
Total	7,739

Achievements

Wellness Clinics were established in Lomaiviti, Lomaloma, Lakeba, Kadavu and Rotuma sub division. Dieticians in Lomaiviti accompanied outreach team as part of an integrated approach to NCD Health Promotion in the communities. Eastern Division continued to look after the wellbeing of its communities by conducting oral health and nutrition counselling to all ANC mothers who came in for their first booking.

WASH Kits and new models of latrines were distributed to some of the communities in Kadavu. Clean up campaigns have been conducted monthly in collaboration with the communities and LTD awareness were also conducted through information, education and communication materials. The schools were closed due to COVID-19 second wave but the sub- divisional team was successful in completing immunisation coverage follow ups.

Integrated community outreach was conducted for Rotuma sub division with the public health and clinical team. Divisional Quality improvement (QI) Committee was established and the respective sub divisional QI committees were also established.

Consolidated Monthly Return Information System refresher training was conducted for Kadavu sub division.

3.1.3 Western Division

The Western Division is divided into six sub divisions i.e. Ra, Tavua, Ba, Lautoka/Yasawa, Nadi and Nadroga/Navosa. Health services are delivered from 1 divisional hospital, 6 sub divisional hospitals (3 level 1 and 3 level 2), 28 health centres (4 level A, 4 level B, 20 level C), and 24 nursing stations.

Table 5: Demography of Western Division

Subdivision	2020
Ra	28,759
Tavua	43,812
Ba	56,450
Lautoka/Yasawa	94,732
Nadi	98,198
Nadroga/Navosa	51,871
Total	373,822

Achievements

There were 13 wellness settings established in the Western Division. Primary and Secondary schools were assessed against WHO criteria for Health Promoting Schools in collaboration with Ministry of Education Heritage and Arts. Oral health Promotion and dental care services were provided to targeted Primary schools and Kindergartens in the 1st Quarter. Multidisciplinary outreach was conducted for various communities and workplaces in the different medical areas.

New Tuberculosis cases were identified in the sub divisions, contact tracing was conducted for identified new cases with testing and the patients were put on treatment.

The Western Division was able to achieve its target for mothers attending antenatal clinics and postnatal clinics. High risk maternal cases were identified and referred to Lautoka Hospital. 34 Health facilities in the Western Division provided Mental Health Services aligned to the Mental health Gap Action Plan Intervention Guide.

The EPI coverage for the division was more than 90% with defaulters being traced and immunisation provided. Breast feeding week was celebrated in Ba and Tavua and it was officially launched by Hon Minister for Health and Medical Services. 3 sub divisions (Rakiraki, Ba and Tavua) had external audits conducted for adherence to Integrated Management of Childhood Illness (IMCI) guideline.

Communities, health facilities and schools were audited/ educated for implementation of Water, Sanitation and Hygiene (WASH). Drinking water samples were analyzed in communities to ensure that they meet the drinking water standards and recommendations were submitted to the communities. Hotspot areas for LTDs were identified within the sub division and source reduction program was carried out.

FEMAT field hospital was set in Balevuto with surgical and O&G teams from Lautoka hospital. FEMAT teams were deployed in Rakiraki and Sigatoka hospital post TC Ana and divisional teams were also deployed to the Northern Division post TC Yasa. Divisional Command Centre was established and operationalized to support the Remodeling Plan.

3.1.4 Northern Division

The Northern Health Services Division provides health services for four subdivisions of Bua, Cakaudrove, Macuata and Taveuni. Health services are delivered from 1 divisional hospital, 3 sub divisional hospitals (1 level 1 and 2 level 2), 20 health centres (1 level A, 3 level B, 16 level C) and 21 nursing stations.

Table 6: Demography of Northern Division

Subdivision	2020
Bua	17,392
Cakaudrove	36,996
Macuata	73,148
Taveuni	17,096
Total	144,172

Achievements

Wellness Settings were established in communities and workplaces in Macuata, Cakaudrove, Bua and Taveuni sub division. NCD screening and weight reduction program was conducted at Ketei Settlement in Cakaudrove.

Primary schools in the Northern Division were classified as Health Promoting Schools and awareness were created on nutrition, oral health and WASH. 56% of the primary schools in the division were visited by the Oral health team while the other schools could not be visited due to the pandemic. Community Health Worker refresher training was conducted in all the sub divisions.

Dental outreach services were conducted by the oral health team in the Cakaudrove and Taveuni sub division. Oral health staff were also part of the mobile fever clinics, stationery clinics and vaccination outreach program. There was mass COVID 19 awareness and vaccination campaign in the Division, services were taken into the communities during the vaccination campaign.

LTD cases that were identified in the sub divisions were investigated and preventative measures were implemented. Cervical cancer awareness and screening was conducted in all sub division during all outreach activities. UNFPA sponsored the retired midwives in Macuata nursing sub division, to conduct awareness on Women Free Space (WFS).

Water and Sanitation Safety Plans (WSSPs) was developed and training was conducted for identified villages, settlements and schools sub divisions. WASH assessment was also conducted for schools, villages and settlements.

3.2 Hospital Services

The three divisional hospitals in Suva, Lautoka and Labasa provide a range of tertiary healthcare and serve as the main referral hospital in their respective divisions which provide a wider range of medical services compared to the Sub-Divisional Hospitals. Tamavua/Twomey Hospital and St. Giles Hospital are the two specialized hospitals.

St Giles Hospital provides medical and rehabilitation services for patients suffering from mental illness. In addition to inpatient and outpatient care, St. Giles Hospital provides other services such as occupational therapy, day care facilities, forensic assessments, counselling services, community psychiatric nursing, electro-convulsive therapy and dispensing of pharmaceuticals.

Tamavua/Twomey Hospital blends three specialized hospital services i.e. Tuberculosis unit, Leprosy and Dermatology and Rehabilitation under one management with the vision to be the best in specialized hospital care in these areas.

The National Rehabilitation Division at the hospital continues to play an important part in the overall health care delivery in Fiji. The hospital provides rehabilitation services to severely disabled persons namely spinal paralysis, stroke victims, prosthetic fitting for amputees and other cases of debility.

3.2.1 Lautoka Hospital

The Lautoka Hospital is the Divisional hospital for the Western Division in Fiji. It also serves as the Division's only referral tertiary hospital and also provides both primary and secondary health care. It serves 6 sub divisional medical districts from Ra to Nadroga/Navosa. The 6 sub divisional medical districts are Ra, Tavua, Ba, Lautoka/Yasawa, Nadi and Nadroga/Navosa.

Achievements

The Command Centre was established in collaboration with the Divisional Command Centre. The DCC has a TOR and SOPs that guide its overall functions. This serves the Western Division well in the "new normal" through effectively coordinating operations related to COVID19 and other health emergencies such as natural disasters and mass medical casualties. Imbedded in the TOR is a mechanism to activate and down regulate DCC operations according to service demands. For example when border cases reduced to zero, DCC would revert to 12 hours cover instead of 24 hours cover. Its functions immediately returned to 24 hours cover with full staffing at the beginning of Fiji's 2nd wave of COVID 19 in April 2021.

DCC during the Mitigation Phase had coordinated the Western response effectively in managing the logistics of the clinical pathways and home isolation whilst monitoring of the patients was managed by Public Health Team. Care of patients managed in the subdivision were supervised and supported by the Clinical Teams based at Lautoka Hospital to ensure best practice guidelines are applied and patients' outcomes are optimised. Few SOPs and Goals of Management were developed by the Western Team and were endorsed by the National COVID19 Taskforce which helped in the clinical decision making for the

Clinical Team. Furthermore, DCC fulfilled the much needed role of advisory function for clinical and public health staff during the crisis and provided clarity on matters around Infection Prevention Control and Clinical Care for public health measures.

The Pacific Eye Institute's Mobile Eye Clinic (MEC) was in Lautoka Hospital for 6 weeks (Mid-July – August 2020). During this time, surgeries were carried out in the MEC by Lautoka Ophthalmologists and a total of 388 surgeries were performed (210 cases in August). The Lautoka Eye nurses were also rostered in the MEC for CPD & up-skilling purposes.



The World Sight day celebration was held on 8th October 2020, with the theme “Hope in Sight”. Health Promotion session was held for the patients and some patients gave their testimonies to fellow patients about their eye health journeys.

There were 6 Dental outreach visits to Sub-Divisional Hospitals which recorded 43 consultations, 20 procedures performed and 8 CME training sessions held between September 2nd, 2020 and March 24th, 2021.

Baby Friendly Hospital Initiative (BFHI) training was facilitated in January and February followed by an internal audit.

Decentralization of Paediatric, O & G, and Medicine and ED specialist services was achieved by Quarter 3 through monthly sub divisional outreach clinics. Amid the COVID community outbreak in May 2021, O & G services were decentralized to Veiseisei Health Centre, Medical Service Pacific (MSP) and Jasper High School in June and Girit Center from July to December 2021. These locations were converted to Maternity Hospital to continue with ANC clinics.



Lautoka Hospital perioperative outreach mobilization with FEMAT was held in Ba Sub Division. Surgery, Orthopaedics and Obstetrics/Gynaecology Team operated on 36 patients in Balevutu Camp over the 3 days.

3.2.2 Labasa Hospital

Labasa Divisional Hospital is the main referral hospital in the Northern Division and has been providing clinical and primary and secondary health care services to the people of the North. The 4 sub divisional medical districts are Bua, Cakaudrove, Macuata and Taveuni.

Achievements

Labasa hospital staff were part of the MV Veivueti tour organized for the Central/Eastern and Western Division to assist in the 2nd wave of COVID 19 outbreak. The clinical team worked together with the public health team towards the goal of keeping the North Communities COVID free. The hospital staff were also part of the vaccination team in the Northern Division.

The Divisional command centre was established and Labasa hospital staff represented the clinical team.

The BFHI training was conducted as planned and internal audit was carried out for BFHI and MSHI adherence.

Bua sub divisional multi-disciplinary outreach was conducted and all units were represented in this outreach. Pharmacy department staff were part of the Tupaia Survey Team that visited almost >90% of the facilities in the Northern Division and provided assistance during the COVID 19 pandemic in organizing and establishing inventory management of PPE supplies for the hospital.

The diabetic retinopathy training and outreach was conducted in Bua and Cakaudrove sub division.



A specialist ophthalmic surgery outreach was organised by Pacific Eye Institute that managed more than a 100 patients.

3.2.3 CWM Hospital

CWMH is the main referral hospital for the Central and Eastern divisions and is the largest centre for tertiary health care for the whole country. It is the main clinical training center for undergraduate, postgraduate and in-services training candidates from all cadres of health professionals in Fiji. The hospital also provides and supports corporate support services to all health facilities in the Central and Eastern division.

Achievements

The Fiji National Kidney Center(FNKC) was officially opened on 18 March 2021 . The FNKC facilitated 354 dialysis sessions from March to July 2021.



MV Veivueti was part of the FEMAT during the pandemic in Lautoka and Suva.

There were development and review of various Standard Operating Procedures and policies within CWMH mainly by clinical governance, pharmacy, radiology departments due to COVID 19 pandemic.

The digital radiology mobile machine was launched at Makoi Maternity by the Honorable Prime Minister.

The ANC scan room was closed from June due to COVID 19 and zoning of departments. A team of 3 sonographers were attached to the ANC screening team conducting ANC scans for Valelevu, Makoi, Samabula, Raiwaqa and Nausori health centres.

The microbiology section of the laboratory was re-organised to accommodate the 8 Genexpert machines for testing of COVID 19. The default Biosafety Cabinet was replaced with a new one.

Hand Hygiene facility and Alcohol hand sanitizer were installed at all entrances and the patient carer information on Hand Hygiene was placed throughout CWMH. New COVID IPC measures and SOP were introduced to all departments through webinars to facilitate ownership at ward level.

Due to COVID positive cases in the team, Food Service Unit was closed in the month of July. All meals for patients and staffs was prepared and provided by RFMF catering team from 30th June to 30th July. The RFMF Team were assisted by the CWMH administration, accounts, laundry and transport teams during this period.

3.2.4 St Giles Hospital

St Giles Hospital is responsible for the development and formulation of strategic direction for clinical services in the area of mental health. The hospital provides inpatient services, outpatient service and divisional community mental health outreach services, clinical training for medical students and nursing students and other mental health related services.

Achievements

Community Mental Health Team continued with weekly, fortnightly and monthly visits to the registered and case managed cases to reduce prevalence and revolving doors (re-admission or relapse) of cases. The activity progressed well for the last 3 months with site visits to their homes or dropping medications to the nearest health facilities. The COVID 19 containment /restrictions did not deter the visitation process or reach out to the vulnerable groups that are under case managed.

World Mental Health, Suicide and Substance Abuse awareness was conducted in schools, workplaces and communities. Mental health care, inclusive of subspecialty was provided for the management and rehabilitation of cases.

Outreach in the greater Suva area including Nausori and Korovou was conducted to strengthen clinical services. Site visits were conducted at each Health Centre and clinical management was carried out progressively. Nausori was managed by a Locum Medical Practitioner and monthly reports were submitted to the hospital by the Community Mental Health Team (CMHT) Team Leader. In-service Training Plan was developed to facilitate in service training and attachment for hospital staff on topics relevant to mental health services identified by the Clinical Nurse Educator through hospital management.

Telehealth service was used to conduct consultations for patients who were unable to come to the hospital for clinical management. Talk back shows on mental health services was held through virtual platforms. Counselling services continued for inpatient services with COVID 19 precautionary measures in place.

3.2.5 Tamavua Twomey Hospital

Tamavua Twomey Hospital (TTH) provides specialized services in key areas such as Tuberculosis (TB) control and Leprosy/ Dermatology.

The TB Control Unit focuses on improving accessibility and early detection especially in prioritized high risk groups, hard to reach area population and high risk burden identified areas by active screening. The Leprosy/Dermatology Unit maintains surveillance and screening for Leprosy and provides dermatological services.

The National Rehabilitation department at Tamavua/Twomey Hospital also provides rehabilitation services to severely disabled persons namely for spinal paralysis, stroke, prosthetic fitting for amputees and other cases of debility.

Achievement

Dermatology IEC materials for dermatological conditions like Leprosy, Albinism and Skin NTDs were developed. Total of 6 screenings were done for high risk groups susceptible to Leprosy – in Bua (1), Ba (3), and one for the Eastern division (Kabara and Vanuavatu).

The new isolation facility for COVID -19 patients was constructed and refurbishment as temporary isolation ward. Dermatology services in public health facilities were upgraded in Central division through viber platform discussions, CWM referral and outreach activity started in 2nd Quarter 2021. Awareness session was conducted on physical and attitudinal barriers affecting People with Disabilities with 10 sub-divisional and divisional physiotherapists during outreach. Sessions were conducted with Rakiraki, Tavua, Ba, Sigatoka, Nadi, Lautoka, Navua, Korovou, Wainibokasi, Labasa and Taveuni Physiotherapists. Strengthened implementation of guideline in mobility aid assessment and prescription and user fitment in Physiotherapy department with the use of appropriate assessment and prescription forms. Mobility Device protocol was also in place for reference. Mobility aids were issued to Rehabilitation patients that were assessed by Physiotherapists from all over Fiji.

Special Physiotherapy outpatient clinics for the Rehabilitation OPD was established and runs 3 times a week (Tuesday, Wednesday and Friday, 8am-12pm) for amputees, spinal cord injuries, stroke patients and when necessary other neurological conditions and fractures.

TTH laboratory was scaled up to be the sub- reference laboratory for COVID-19 testing with the installation of 4 new Genexpert machines. New biosafety cabinets were acquired to replace the faulty one. Genexpert testing at Nadi laboratory was successfully implemented replacing the smear microscopy with molecular testing for TB.

100% of our outpatients were referred to nearest health facility when their blood glucose and hypertension was uncontrolled. Outpatient Services were increased to 4 days per week (Monday, Wednesday, Thursday and Friday) to cater for the increase in demand (compared to 2 days in previous years).

Mobility aids were issued to Rehabilitation clients that were assessed by Physiotherapists from all over Fiji.

Multiple Drug Resistant TB Community screening was conducted in various villages, settlements, primary schools and workplaces.

World TB Day Celebration was a huge success and was celebrated on the 24th March 2021 which included celebration organized in 7 centres. The Central Division Celebrations were held in Lami HC, Valelevu HC and Tamavua Twomey Hospital, Eastern Division celebrations were held in Koro Medical Area, Western Division celebrations were held in Nadi and Ba and in Northern Division celebrations were held in Nasolo Village in Bua subdivision and Tacilevu Village in Cakaudrove Subdivision. Activities included health awareness, TB screening with portable X ray machine on site, poster competition and oratory contest on TB themes.

Two new mobile x-ray units were obtained for in-house use for medical imaging and two portable units were allocated for outreach purpose. Radiology Department was renovated to meet the required standard of Radiation Board and a certificate of compliance was obtained.

3.3 Preventive and Promotive Health

3.3.1 Health Protection

The Health Protection Division is a culmination of ongoing efforts to integrate the overall communicable disease program by strengthening and integrating key functions. This will improve overall coordination for the prevention and risk management of communicable diseases.

Fiji Centre for Communicable Disease Control

The Fiji Centre for Communicable Disease Control under the Health Protection Program is responsible for several programs coordinated at national level by the respective and responsible head of units and includes the following:

- The Surveillance and Response Unit
- The National Influenza Centre
- The National Public Health Laboratory
- The Neglected Tropical Disease Unit
- The Lymphatic Filariasis Unit
- Administration

Achievements

The epidemiological surveillance and response highlights for the fiscal year were:

- An average of 95% completeness and 70% timeliness of EWARS reporting from the 76 sites in Fiji
- Expansion of EWARS to 7 new sites, making it a total of 76 sites from the 69 in the last fiscal year.
- Engagement of data entry officers through DFAT and from other government ministries to be part of data entry team at CDC.
- Line list of COVID19 testing at FCDC and other peripheral labs were submitted by the data team on a daily basis.
- Implementation of Tamanu at CDC as a database for COVID19 surveillance
- Positive cases were also reported to the respective response teams for their action and to IMT for national record of cases



Surveillance Team assisting Laboratory team in sorting of samples, entering of information in the line list and submission on a daily basis.

The National Influenza Centre conducted COVID-19 laboratory testing, highlighting the collateral benefit of in-country capacities established for molecular diagnostics. Laboratory technicians were trained on molecular detection (RT-PCR) of influenza viruses or COVID 19. Health workers, including those from sentinel sites, were trained on sample collection, storage and shipment of influenza/COVID sample and cold chain maintenance.

WHO supported the strengthening of cold chain capacity through procuring and supplying of 30 refrigerators and 100 cooler boxes for 29 sentinel sites and SARI sites.

Fiji reported its COVID community transmission in April and the escalation in community transmission cases resulted in the surge in sample collection for contact tracing and mass screening. These responses in turn resulted in exceedingly high numbers of testing at Fiji CDC.

As a result GeneXpert COVID testing was outsourced to health facilities in the divisions to include the following:

- Central Division-CWMH and Twomey Hospital
- Western Division-Nadi and Lautoka Hospital
- Northern Division: Labasa Hospital

Due to the high demand of Covid-19 testing, the Laboratory has received an additional 15 GeneXpert machines (3 x 16 modules, 12 x 4 modules) through support from WHO and SPC.

Human Resources (HR) were also affected and initially HR was sourced from within the Ministry where 3 laboratory officers from CWMH were brought in to assist in the laboratory. The Police Forensics Unit also assisted with the provision of a laboratory officer. In addition, DFAT provided assistance of human resources with a total of 6 laboratory technicians and 10 laboratory assistants.

Fiji CDC Public Health Laboratory achieved an overall assessment score of 95% compliance to the requirements of the International Standard, ISO15189 for Medical Laboratories.

A 20ft container storage with air-condition had been installed next to the generator house which was made possible with the financial support of DFAT. This is to assist the laboratory to store temperature regulated items due to the huge demand of testing and running short of storage space.



Storage container (air-conditioned) - Additional storage space

3.3.2 Wellness Centre

The wellness approach to health has been identified as an important strategy for a whole of society approach to reduce NCD risk factors. The Wellness Division focuses on enhancing the usage of quality, accessible and valuable information for supporting wellness behavioral choices at all levels. There is an overall shift from being disease focused to addressing the social determinants of health through a multisectoral approach.

Achievements

The consultation on school canteen tool kit between MEHA and MHMS was completed and updated version of the toolkit was made print-ready. Nutrition assessments were done for labelling of new food products. My Kana Fiji Application version II named My Kana Garden launched in January 2020. The World Food Day national celebration was held in Nausori in conjunction with the Annual Agriculture Show by the Ministry of Agriculture. A joint statement on Infant and Young Child Feeding during emergencies to protect and safe guard the best interest of a child was signed between MHMS, UNICEF, NDMO and WHO.

The World Heart day was held in the Western Division where the program created awareness on cardiovascular disease and rheumatic heart disease.

Oral health wellness promotion was conducted in various setting such as schools, workplaces, communities and institutions. The dental prosthetic services were decentralized to Savusavu sub divisional hospital and the CWM dental prosthetic services were relocated to Nakasi Health Centre.

Package of Essential Noncommunicable (PEN) model concept and protocol training was provided to new nursing staff at various health centres. Training on NCD guidelines such as diabetes management guideline, diabetes foot care and cardiovascular disease guidelines were conducted for sub divisional staffs so that they could provide quality service delivery in terms of NCD management at their respective stations. WHO PEN audit tool was used to audit various foot care clinics and SOPD clinics in the 4 Divisions.



3.4 Health Systems Strengthening

3.4.1 Human Resource

The Human Resource (HR) Department oversees the effective management of all HR related activities, programs and issues and provides advice on recruitment, posting, leave administration, learning & development, Strategic Workforce Planning process and industrial relations matters.

Achievements

The Recruitment Unit managed to process 83% of advertised positions in the Ministry despite the challenges faced during COVID 19 pandemic. The unit facilitated contract renewal, locum appointment, and work visa/permit for medical officers. Medical officers and some nursing cadre were re-engaged in areas of need. Acting appointments were carried out through Expression of Interest (EOI) for vacant positions.

The Transition Performance Assessment (Process & Timeline) internal circular was issued by Performance Management and Discipline Unit. The Transition Performance Assessment was conducted online and a lot of staff managed to complete the assessment. It was efficient in determining the renewal of contract and saved more time in advertising the position at the end of the contract period. The Discipline Standard Operating Procedure was formulated. A total of 46 health facilities were registered for renewal of workplace registration 2021 and all 46 certificates were issued 1 month before due date on 31/03/21.

The Learning and Workforce Development Unit facilitated induction course for 200 new appointees and promotees, required course under NTPC Act and courses offered through development partners. Ministry staff also attended awareness training sessions for Ministry of Civil Service guidelines and policies implemented across all Ministries. Due to COVID 19 restrictions most of the courses were on zoom platform.

The Personnel unit was successfully able to conduct the Annual Transfer Committee and the Appeals Committee meeting where a total of 401 applications were considered. 72 contracts were renewed for all cadres and 292 exits were processed during the year including retirements, resignations, deemed resignations and terminations. There was improvement in the management of the filing system.

3.4.2 Finance and Asset Management

Finance and Asset Management Division is responsible for the implementation of service-wide policies and procedures in relation to finance, budget, accounts and asset management.

The Division is responsible for preparation of budget submission for the Ministry in consultation with the respective Cost Centre's and monitoring the utilization of the annual budget including, compliance to Financial Management Act, Finance Instruction, the Finance manual and the General Orders.

This Division also looks after capital construction projects for the Ministry in consultation with different stakeholders and is responsible for overseeing the repair and maintenance of health facilities around the country.

Achievements

The draft annual financial statement for the Ministry was submitted to Ministry of Economy as per agreed timelines.

The achievements for the Asset Management Unit were:

- Successful completion, handover and opening of the new Navosa Sub-Divisional Hospital
- Commissioning and opening of the Nadera Kidney Dialysis Centre
- Purchase and delivery of hospital beds
- Tender completed and contract documentation signed for Labasa Hospital Cleaning Services
- Outsourcing of Laundry Services for CWM Hospital & Central Division
- Continued improvement in the document processes within the unit through the establishment of registers
- Repairs of 2 Wellness Buses which will assist in population screening and outreach
- Minor works submission were processed within 3 days subject to compliance to SOP
- Minor Maintenance Plan and Capital Works Plans for the year were also prepared
- Efficiently managed the Ministry's fleet.



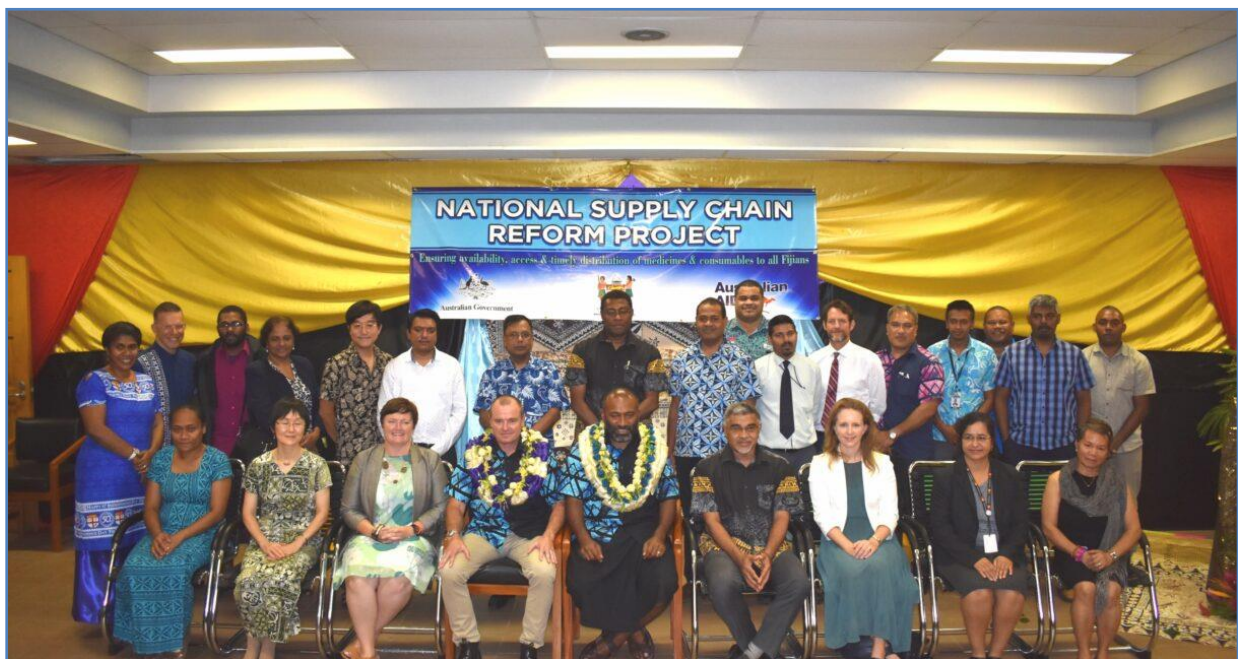
New Navosa Sub- Divisional Hospital

3.4.3 Pharmaceutical and Biomedical Services

Fiji Pharmaceutical and Biomedical Services (FPBS) core service is the supply chain management of medical supplies and health commodities. FPBS focuses on improving access to essential medicinal products of assured quality, safety, efficacy and cost-effectiveness. The Essential Medicines Authority at FPBS is responsible for the development of product standardization and promoting rational use of medicine, whilst the Medicines Regulatory Authority is responsible for the strengthening of quality assurance processes for products imported in the country including the random testing of medicinal products.

Achievements

The warehouse ensured that all the 227 health facilities received their medical supplies despite the current pandemic which restricted movements, medication availability and affected availability of resources. The Supply Chain Reform Project was launched in partnership with DFAT. This project aims to improve the efficiency of supply chain management and procurement systems in order to increase availability, access and timely distribution of medicines and consumables to health facilities.



Some of the key positions within FPBS were advertised and filled. FPBS has 98% of vacant positions filled and the other 2% is in the process to be filled.

Free Medicine Programme (FMP) SOP was revised incorporating major changes in terms of proposed digitalization of FMP data entry process. FMP awareness and registration was conducted as per plan. 32 private pharmacies were identified for Phase 2 roll out of FMP. Private Pharmacy's annual FMP stock checks were also conducted.

The Medicinal Products (Classification Scheme) Regulations 2021 was published. The Assessment of Fiji's regulatory system was completed in November 2020 from which an Institutional Development Plan would be implemented to ensure that the Fiji Medicines Regulatory Authority progresses towards being a more stronger and independent regulator of medicines and medicinal products. Assessment and regulatory approvals of COVID 19 vaccines and COVID-19 Rapid Antigen Test Kits were issued. Border officers based at Suva and Nadi Customs Office were trained on handling and assessing medicinal products sent into the country. EMA training on guidelines, antimicrobial stewardship and clinical pharmacy onsite training was conducted in Vanua Levu and Viti Levu. 5 Antibiotic Guidelines onsite trainings were also provided.

22 GE XR240 Digital Radiology mobile machines were procured and will be installed in the peripheries namely Makoi, Korovou and Lami and other facilities in the maritime areas and in Vunidawa to ease the workload from CWM.

3.4.4 Planning and Policy Development

Planning and Policy Development Division (PPDD) is responsible for policy development, analysis and coordination of policy related activities as well as evidence-based health planning including the development of medium to long term strategies and annual operational plans. PPDD's role also includes facilitating health services planning. PPDD has a healthcare financing section that develops National Health Accounts and assists with analysis of services and programs.

Achievements

Planning

The Costed Annual Operational Plan (AOP) for 2020-2021 was endorsed by Senior Executives and was implemented from August 2020. Business planning support was provided to respective programmes, divisions and hospitals.

The Annual Operational Plan 2021-2022 key steps were reviewed and updated. The AOP was drafted using the Ministry's quarterly performance and in consultation with various Heads and Program Managers. The Ministry's budget submission was incorporated into the draft costed AOP 2021-2022.

The draft plan was reviewed again in June based on the Ministry's response to the pandemic and the impact it had on the Ministry's planned activities. The activities and targets were reviewed in consultation with the various Heads and Program Managers. The document was updated based on the feedback received. The final consultation for the document was held with the Heads, Hospitals and Divisions for their comments. The AOP document was further updated after the final consultation.

The Ministry's annual report 2019-2020 was compiled from the annual reports received from the respective heads, Divisions and hospitals and additional information obtained from respective units.

The Remodelling plan was developed from remodelling concept paper. All the respective Divisions and Hospitals provided a brief on their implementation plans which was incorporated into the plan. The plan was endorsed in August. This plan is implemented by the Hospitals and Divisions and one of the outcome of the plan was the establishment of the Command Centres in each Division to strengthen the integrated approach to delivering public health services and clinical services.

Policy

There were 9 policies drafted, 2 were endorsed and 3 were finalised after various consultation with relevant stakeholders and policy owners. The finalised policies were submitted to respective policy holders.

Endorsed Policy:

1. Human Health Research Policy
2. Community Health Worker Policy

Finalized Policy

3. Shift Work Policy
4. Primary Health Screening Policy
5. Social Media Policy

The 4 policies in the consultation stages included:

6. Draft Rheumatic Heart and ARD Policy
7. Draft Death Notification Policy
8. Draft Birth Notification Policy
9. Waste Management Policy

Standard Operating Procedures (SP) were developed for Verification of Data for International Presentations and Publications. In order to streamline the policy development processes, 5 checklist were developed, namely:

1. Checklist for the Development of Policies, Procedures, Guidelines
2. Checklist for Policy Writing
3. Checklist for Approval Process Of Policies
4. Checklist for Policy Implementation
5. Checklist for Policy Evaluation

Monitoring and Evaluation

Monitoring, Evaluation and Learning situation analysis was conducted through key informant interviews and group discussions, data quality assessment of selected indicators to identify underlying strengths and challenges around validity, reliability and integrity of data management systems and site visits to selected sites i.e. CWM, Central Division, Raiwaqa Health Centre, St Giles and TTH.

The MEL plan was developed to address the gaps identified and Terms of Reference for MEL committee was also drafted.

Business Plan Progress Reports

The quarterly business plan progress reports was used to compile the AOP performance. Business Plan Progress Report feedback tool was designed and used to provide feedback on BPPR.

Health Care Financing

National Health Accounts 2017-2018 report was finalised and endorsed.

2018-2019 Report

The NHA survey process and the key steps for development of NHA was reviewed and updated. Awareness session was also conducted with private survey respondents.

The government expenditure survey data was collated and private sector surveys commenced.

3.4.5 Research, Innovation, Data Analysis and Management Division

The Research, Innovation, Data Analysis and Management Division has been newly set-up to support and strengthen research and innovation in the Ministry. This is an initiation of ongoing efforts to ensure that good quality evidence is used to guide decisions about health sector strategy, functioning and oversight. The unit will generate evidence and identify key areas for policy making in the Ministry and ensure that research is recognized as a key function to guide policy and decision making.

The Division is responsible for the development of information and communication technology for digital health and analyses including the ICT services for eHealth for the Ministry including procurement, expansion of network connectivity, server administration, management of databases (health applications) and website. The Division also conducts awareness and training for all health applications.

Achievements

Supervisory visits and data verification exercise was completed for the Central Division at 37 Health facilities. Supervisory visit for Macuata and Taveuni sub division in the Northern Division were also completed. The Bua team were called back due to COVID 19 situation in the country.

ICD 10 webinar training was completed and facilitated by WHO and this included Medical Officers and registrars from Divisional and Sub-Divisional Hospitals. Consolidated Monthly Return Information System National Trainer of Trainers (TOT) training was conducted online.

Human Health Research Policy and SOP was finalized and endorsed. The goal of the policy is to ensure that all proposed human health research projects in Fiji is appropriately designed to address the needs of the people and is in alignment to the objectives of the National Research Council Act 2017. Fiji Human Health Research Ethics Committee was formed and first meeting was held in April.

RIDAMIT, Policy & MEL Quarterly Meeting was held on 28th & 29th January, 2021. A number of staff were seconded to the COVID 19 Incident Management Team with the Senior Medical Officer leading the Data & Information Pillar.

The ICT team was also heavily engaged in mobilizing communication and internet devices for the operational teams, which included providing ICT support such as the distribution of about 30 smart screens with internet access to the subdivisions and divisional hospitals. Zoom access was enabled for the COVID 19 meetings and response with the procurement of the hardware to support the Emergency Operation Centres (EOCs) and FEMAT.

ICT team also worked with vendors in the implementation of the Tamanau Software, Supply Chain Management Software and the Pilot Primary Screening Project.

3.4.6 Nursing and Midwifery Division

The Nursing and Midwifery Division is responsible for the planning, coordination and evaluation of the delivery of nursing services including the development, coordination and monitoring of nursing standards, policies, guidelines and protocols designed to direct and inform patient care, community health services, specialist nursing care and nursing management.

The Division also supports the Fiji Nursing Council for the professional registration of Nurses and manages the Community Health Workers (CHW) programme.

Achievements

The Community Health Worker (CHW) Policy was reviewed and updated. The reporting template and job description of the CHW were reviewed and aligned to the CHW policy. CHW Refresher Training was conducted where 302 CHW were trained.

The CHW payment process was streamlined and there was improvement in the number of CHW report files submitted to Accounts for processing of payments.

Quarters	Number of files submitted to Accounts: Aug 2020 – July 2021
1 st Quarter	1,547
2 nd Quarter	2,311
3 rd Quarter	1,863
4 th Quarter	1,410

Awareness meetings/workshops on scope of practice and its relationship to patient safety and quality of nursing care was conducted for nursing supervisors. Review of Role descriptions exercise for all cadres of nurses was conducted.

The review of Scope of Practice for general registered nurses was also 85% completed. The number of nurses enrolling into postgraduate programmes also increased from previous years.

4. Performance Report

4.1 Health Outcome Performance Report

Strategic Priority 1: Reform public health services to provide a population approach for diseases and the climate change

Outcome	Indicators	2020 Progress Report	
1.1 Reduce communicable disease and non-communicable disease prevalence, especially for vulnerable groups	Premature mortality less than 70 years due to NCDs	65.2%	
	Incidence of Leptospirosis per 100,000 population	183.41 per 100,000 population	
	Incidence of Typhoid per 100,000 population	32.89 per 100,000 population	
	Incidence of Dengue fever per 100,000 population	593.07 per 100,000 population	
	Total number of confirmed HIV cases	1266	
	Incidence of tuberculosis per 100,000 population	47 per 100,000 population	
1.2 Improve the physical and mental wellbeing of all citizens with particular emphasis on women, children and young people through prevention measures	Prevalence of overweight/obesity in primary school children	3.8%	
	Childhood vaccination coverage rate for all antigens	Immunization Coverage (%) 0-1 yr	2020 Progress Report
		HBV0	97
		BCG0	97
		DPT-HepB-Hib1	91
		OPV1	91
		Pneumococcal 1	91
		Rotavirus 1	91
		DPT-HepB-Hib2	88
		OPV2	89
		Pneumococcal 2	88
		DPT-HepB-Hib3	88
		OPV3	88
		OPV4	68

		Pneumococcal 3	88
		Rotavirus 2	88
		MR1	81
		MR2	70
1.3 Safeguard against environmental threats and public health emergencies	Percentage of population using improved sources of drinking water	97.7% (MICS 2021)	
	Percentage of population using improved sanitation facilities	98% (MICS 2021)	

Strategic Priority 2: Increase access to quality, safe and patient-focused clinical services

Outcome	Indicators	2020 Progress Report
2.1 Improve patient health outcomes, with a particular focus on services for women, children, young people and vulnerable groups	Proportion of births attended by skilled health personnel	99.2%
	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	51.3
	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	(i) 10-19yrs : 15.3 per 1,000 female age group (ii) 15-19 yrs : 31.8 per 1,000 female age group
	Maternal mortality ratio	48.1
	Under-five mortality rate (deaths per 1,000 live births)	25.7 per 1,000 live births
	Neonatal mortality rate (deaths per 1,000 live births)	16.2 per 1,000 live births
	Perinatal mortality rate per 1,000 total births	24.7 per 1,000 live births
	Infant mortality rate per 1,000 live births	20.3 per 1,000 live births
2.2 Strengthen and decentralize effective clinical services, including rehabilitation, to meet the needs of the population	Average length of stay	5.1
2.3 Continuously improve patient safety, and the values of services	Unplanned readmission rate within 28 days of discharge	CWM – 8.9% Lautoka – 13.8% Labasa – 5.6%

Strategic Priority 3: Drive efficient and effective management of the health system

Outcome	Indicators	2020 Progress Report
3.1 Cultivate a competent and capable workforce, where the contribution of every staff member is recognised and valued	Ratio of skilled healthcare workers (doctors, nurses, Midwives) per 10,000 population	Nurses- 35.7 per 10,000 population Doctors- 10.4 per 10,000 population
3.2 Improve the efficiency of supply chain management and procurement systems and maintenance of equipment	Average availability of selected essential medicines in health facilities	82.8%
3.3 Implement more efficient financial processes, while reducing the financial hardship of the most vulnerable	Current Health Expenditure per capita, current FJD	FJD 540.6 (Aug 2017-July 2018) (To be updated if NHA 2018-2019 results is available)
	General government expenditure on health as a proportion of general govt. expenditure	7.8% (Aug 2017-July 2018)
	Ratio of household out-of-pocket payments for health to current health expenditure (CHE)	19.4% (Aug 2017-July 2018)
3.4 Ensure infrastructure is maintained to match service delivery	Percentage of health facilities that have an annual maintenance plan	100%
3.5 Harness digital technologies to facilitate better health care for our patients	% of hospitals using a fully functional PATISplus system	96% (23/24)
	Average % of total discharges recorded in PATISplus system	97%
3.6 Continue to strengthen planning and governance throughout the MHMS	Divisional command centre established to support remodeling of service delivery	100%
3.7 Widen our collaboration with partners for a more efficient, quality, innovative and productive health system	Percentage utilization of CSO grants	100%

Table 7: List of Health Facilities

Divisional Hospital			
Central	Western	Northern	Eastern
1. CWM Hospital	1. Lautoka Hospital	1. Labasa Hospital	
Sub Divisional Hospitals			
1. Navua	1. Sigatoka	1. Savusavu	1. Levuka
2. Korovou	2. Nadi	2. Waiyevo	2. Vunisea
3. Vunidawa	3. Tavua	3. Nabouwalu	3. Lakeba
4. Nausori	4. Rakiraki		4. Lomaloma
5. Wainibokasi	5. Ra Maternity		5. Rotuma
	6. Ba		
	7. Navosa		
Specialised Hospital			
1. St.Giles Hospital			
2. Tamavua/Twomey Hospital			

Health Centres and Nursing Stations

Central Division		Western Division		Northern Division		Eastern Division	
Health centres [24]	Nursing Stations[21]	Health Centres[28]	Nursing Stations [24]	Health Centres[20]	Nursing Stations [21]	Health Centres[14]	Nursing Stations [31]
<u>Suva Sub-Division</u>		<u>Lautoka/Yasawa Sub-Division</u>		<u>Macuata Sub-Division</u>		<u>Lomaiviti Sub Division</u>	
1. Suva	Naboro	1. Lautoka	Yalobi	1. Labasa	Cikobia	1. Levuka	Batiki
2. Raiwaqa		2. Kese	Somosomo	2. Wainikoro	Visoqo	2. Gau	Nairai
3. Samabula		3. Nacula	Yaqeta	3. Lagi	Coqeloa	3. Koro	Nacavanadi
4. Nuffield Clinic		4. Malolo	Teci	4. Naduri	Vunivutu	4. Bureta	Narocake
5. Valelevu		5. Natabua	Yasawa I Rara	5. Dreketi	Udu		Nawaikama
6. Lami		6. Viseisei	Viwa	6. Seaqaqa	Dogotuki		Nabasovi
7. Makoi		7. Kamikamica	Yanuya	7. Nasea	Kia		Nacamaki
8. Nakasi		8. Punjas			Naqumu		Moturiki
9.Suva Diabetes Centre							
10.Suva Reproductive Health Clinic							
11.AHD Clinic							
<u>Serua/Namosi Sub-Division</u>		<u>Nadi Sub-Division</u>		<u>Cakaudrove Sub-Division</u>			
1. Navua	Raviravi	1. Nadi	Nawaicoba	1. Savusavu	Naweni		
2. Beqa	Galoa	2. Namaka	Momi	2. Natewa	Bagasau	<u>Kadavu Sub-Division</u>	
3. Korovisilou	Waivaka	3. Bukuya	Nagado	3. Tukavesi	Kioa	1. Vunisea	Ravitaki
4.Namuumua	Navunikabi		Nausori	4. Saqani	Tawake	2. Kavala	Soso
	Naqarawai		Nanoko	5. Rabi	Navakaka	3. Daviqele	Gasele
				6.Korotasere	Nabalebale		Naqara

<u>Rewa Sub-Division</u>		<u>Ba Sub-Division</u>		7.Nakorovatu			Vacalea
1. Nausori	Baulevu	1. Ba	Namau				Nalotu
2. Mokani	Namara	2. Nailaga	Nalotawa	<u>Bua Sub-Division</u>			Talaulia
	Naulu	3. Balevuto		1. Nabouwalu	Bua	<u>Lakeba Sub-Division</u>	
	Nailili			2. Lekutu	Yadua	1. Lakeba	Vanuavatu
	Vatukarasa	<u>Tavua Sub-Division</u>		3. Wainunu	Navakasiga	2. Moala	Nayau
<u>Tailevu Sub-Division</u>		1. Tavua			Kubuilau	3. Matuku	Oneata
1. Korovou	Verata	2. Nadarivatu	Nadrau			4. Kabara	Komo
2. Lodonu	Dawasamu			<u>Taveuni Sub-Division</u>		5. Ono I lau	Moce
3. Nayavu	RKS			1. Waiyevo	Bouma		Nasoki
	QVS	<u>Nadroga/Navosa Sub-Division</u>		2. Qamea	Yacata		Cakova
	Tonia	1. Sigatoka		3. Vuna	Vuna		Totoya
		2. Lomawai	Loma				Levuka-I-Daku
<u>Naitasiri Sub-Division</u>		3. Keiyasi	Naqalimare				Udu
1. Vunidawa	Lomaivuna	4. Raiwaqa	Nukuilau				Namuka
2. Naqali	Waidina	5. Korolevu	Wauosi				Fulaga
3. Laselevu	Narokorokoyawa	6. Vatulele	Tuvu				Ogea
4. Nakorosule	Nabobuco	7. Cuvu					Vatoa
	Nasoqo	8. Vatukarasa					
		<u>Ra Sub-Division</u>				<u>Lomaloma Sub-Division</u>	
		1. Rakiraki	Vunitogoloa			1. Lomaloma	Mualevu
		2. Nanukuloa	Tokaimalo			2. Cicia	Tuvuca
		3. Namarai	Nasavu			<u>Rotuma</u>	
		4. Nasau	Nayavaira				

4.2 Financial Performance

OFFICE OF THE AUDITOR GENERAL

Promoting Public Sector Accountability and Sustainability through our Audits



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INDEPENDENT AUDITOR'S REPORT

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS OF THE MINISTRY OF HEALTH AND MEDICAL SERVICES

I have audited the financial statements of the Ministry of Health and Medical Services ("the Ministry"), which comprise of the following:

- the Statement of Receipts and Expenditure,
- Appropriation Statement,
- Statement of Losses,
- Bulk Purchase Scheme Trading Account,
- Bulk Purchase Scheme Profit and Loss Statement,
- Bulk Purchase Scheme Balance Sheet,
- CWM Hospital Staff Amenities Trust Fund Account Statement of Receipts and Payments,
- Cardiac Task Force Trust Fund Account Statement of Receipts and Payments,
- Fiji Children's Overseas Treatment Trust Fund Account Statement of Receipts and Payments,
- Cardiology Services Trust Fund Account Statement of Receipts and Payments,
- Sahyadri Trust Fund Account Statement of Receipts and Payments,

for the year ended 31 July 2021, and the notes to the financial statements, including a summary of significant accounting policies.

In my opinion, the accompanying financial statements of the Ministry of Health and Medical Services are prepared, in all material respects, in accordance with the Financial Management Act 2004 and Finance Instructions 2010.

Basis for Opinion

I have conducted my audit in accordance with International Standards on Auditing (ISA). My responsibilities under those standards are described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Ministry in accordance with the International Ethics Standards Board for Accountants' *Code of Ethics for Professional Accountants* (IESBA Code) together with the ethical requirements that are relevant to my audit of the financial statements in Fiji and I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Other Matters

- An unreconciled variance of \$23,108 exists between the FMIS General Ledger balance for Cash at Bank and Bank Reconciliation for Trading and Manufacturing Account Bulk Purchase Scheme.
- There was no listing maintained for Accounts Receivable of \$11,306 recorded in the Trading and Manufacturing Account Bulk Purchase Scheme Balance Sheet.

- Internal Controls over revenue management were found to be weak as not all revenue reports were submitted to Headquarters and there were delays in banking. If not addressed promptly will result in material misstatements and possible financial losses.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

The Management is responsible for the preparation of the financial statements in accordance with the Financial Management Act 2004 and Finance Instructions 2010 and for such internal control as the Management determine is necessary to enable the preparation of financial statements that are free from material misstatements, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Ministry's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISA will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with ISA, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Ministry of Health and Medical Services' internal control.
- Evaluate the appropriateness of accounting policies used and related disclosures made by the Ministry of Health and Medical Services.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.



Sairusi Dukuno
ACTING AUDITOR-GENERAL



Suva, Fiji
29 November 2022

Table 8: Segregation of 2020-2021 Budget

Programme / Activity	Original Budget (\$m)	Revised Budget (\$m)	% of Overall Revised Health Budget
Programme 1 Activity 1 Administration	140,005,590	125,719,890	32%
Programme 2 Activity 1 Public Health Services	30,444,112	30,505,076	8%
Programme 2 Activity 2 CWM Hospital	44,504,506	45,092,077	11%
Programme 2 Activity 3 Lautoka Hospital	22,992,392	28,426,959	7%
Programme 2 Activity 4 Labasa Hospital	18,944,936	21,970,226	6%
Programme 2 Activity 5 Tamavua Twomey Hospital	3,014,108	3,070,469	1%
Programme 2 Activity 6 St Giles Hospital	3,745,227	3,822,717	1%
Programme 3 Activity 1 Central Division	22,823,441	24,952,850	6%
Programme 3 Activity 2 Eastern Division	7,939,461	8,275,945	2%
Programme 3 Activity 3 Western Division	25,493,707	27,379,880	7%
Programme 3 Activity 4 Northern Division	12,396,948	13,088,339	3%
Programme 4 Activity 1 Drugs and Medical Equipment	62,040,020	62,040,020	16%
Total	394,344,448	394,344,448	100%

Table 9: Proportion of Ministry of Health Budget against National Budget and GDP

Year	Revised Health Budget	National Budget	% of Overall Total Budget	% of GDP
2020-2021	394,344,448	3,674,604,100	11%	4%

Table 10: Statement of Receipts and Expenditure for the Year Ended 31st July 2021

	Notes	2021	2020
		(\$)	(\$)
RECEIPTS			
State Revenue			
Rental for Quarters		7,350	16,514
Commission		68,091	118,354
Health Levy			591,061
Miscellaneous Fees & Receipts		6	312
Fiji School Of Nursing			57
Health Fumigation & Quarantine		1,244,145	1,686,708
Hospital Fees		5,837,735	1,609,122
Licence & others		1,555,971	2,083,938
Total State Revenue	3(a)	8,713,298	6,106,066
Agency Revenue			
Miscellaneous Revenue	3(b)	12,668	1,133
Total Agency Revenue		12,668	1,133
TOTAL REVENUE		8,725,966	6,107,199
EXPENDITURE			
Operating Cost			
Established Staff	3(c)	185,414,124	191,820,823
Government Wage Earners	3(d)	15,919,828	21,054,759
Travel & Communication	3(e)	5,126,817	6,495,131
Maintenance & Operations		15,372,096	15,383,614
Purchase of Goods & Services	3(f)	70,391,279	60,195,752
Operating Grants & Transfers		529,710	533,011
Special Expenditure	3(g)	5,210,065	5,651,196
Total Operating Expenditure		297,963,919	301,134,286
Capital Expenditure			
Capital Construction	3(h)	11,030,731	21,774,768
Capital Purchases	3(i)	9,279,296	6,103,090
Capital Grants & Transfers	3(j)	24,647,233	89,976
Total Capital Expenditure		44,957,260	27,967,834
Value Added Tax		6,147,883	6,538,509
TOTAL EXPENDITURE		349,069,062	335,640,629

Table 11: TMA Trading Account for the Year Ended 31st July 2021

Trading Account		2021	2020
		(\$)	(\$)
Sales		153,377	293,381
Opening Stock of Finished Goods		5,718	37,633
Add : Purchases		129,117	229,860
Less : Closing Stock of Finished Goods		88,397	5,718
Cost of Goods Sold		46,438	261,775
Gross Profit Transferred to Profit & Loss Statement		106,939	31,606

Table 12: TMA Profit and Loss Statement for the Year Ended 31st July 2021

INCOME	2021	2020
	(\$)	(\$)
Gross Profit Transferred to Profit & Loss Statement	106,939	31,606
TOTAL INCOME	106,939	31,606
EXPENSES		
Personnel Emolument	38,407	44,507
FNPF	1,920	3,671
Travel Domestic	1,101	1,101
Office Upkeep and Supplies	231	231
Special Fees and Charges	67	102
Lease and Rental Payments	16,514	16,514
TOTAL EXPENSE	58,239	66,126
NET PROFIT/LOSS	48,700	(34,520)

Table 13: TMA Balance Sheet for the Year Ended 31st July 2021

	2021	2020
	(\$)	(\$)
Current Assets		
Cash at Bank	434,488	471,412
Account Receivable	11,306	10,278
VAT Receivable	18,299	16,381
Finished Goods	88,397	5,718
Total Current Assets	552,490	503,790
Total Assets	552,490	503,790
Total Liabilities	-	-
TOTAL NET ASSETS	552,490	503,790
EQUITY		
TMA Surplus	(559,625)	(599,625)
TMA Accumulated Surplus	1,103,415	1,126,282
Less Remittance	-	(36,056)
Add: Prior Year Error Adjusted in Current Year	-	47,709
Net Profit/Loss	48,700	(34,520)
Total	552,490	503,790

Table 14: Appropriation Statement for the Year Ended 31st July 2021

SEG	Item	Budget Estimate (\$)	Appropriation Changes (Note 4) (\$)	Revised Estimate (a) (\$)	Actual Expenditure (b) (\$)	Lapsed Appropriation (a-b) (\$)
1	Established Staff	197,585,809	(1,943,374)	195,915,435	185,414,124	10,501,311
2	Government Wage Earners	15,529,012	1,943,374	17,472,386	15,919,828	1,552,558
3	Travel & Communication	6,002,500	567,047	6,569,547	5,126,817	1,442,730
4	Maintenance & Operations	15,281,964	1,703,883	16,985,847	15,372,096	1,613,751
5	Purchase of Goods & Services	67,715,463	5,795,356	73,510,819	70,319,279	3,119,540
6	Operating Grants & Transfers	548,000	-	548,000	529,710	18,290
7	Special Expenditure	13,282,531	(45,000)	13,237,531	5,210,065	8,027,466
	Total Operating Expenditure	316,218,279	8,021,286	324,239,565	297,963,919	26,275,646
	Capital Expenditure					
8	Capital Construction	23,545,617	(4,956,222)	18,589,395	11,030,731	7,558,664
9	Capital Purchase	12,824,307	66,936	12,891,243	9,279,296	3,611,947
10	Capital Grants & Transfers	29,680,852	-	29,680,852	24,647,233	5,033,619
	Total Capital Expenditure	66,050,776	4,889,286	61,161,490	44,957,260	16,204,230
13	Value Added Tax	12,075,393	(3,132,000)	8,943,393	6,147,883	2,795,510
	Total Expenditure	394,344,448	-	394,344,448	349,069,062	45,275,386